DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. P4645

As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated be low next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Personal Interaction Interface for Communication-Center Customers				
the specification of which (check one) is attached hereto. was filed on: Application Serial No. and was amended on (If applicable) I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, s 1.56 (a). In the case that the present application is a continuation-in-part application, I further acknowledge the duty to disclose material information as defined in 37 CFR s 1.56(a) which became available between the filing date of the prior application and the filing date of the present application. I hereby claim foreign priority benefits under Title 35, United States Code s119 of any foreign applications for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: Prior Foreign Application(s)				
(°)	(Number)	(Country)	(Day/Month/Year Filed)	
I hereby claim the benefit under Tand, insofar as the subject matter of application in the manner provided to disclose material information as the filing date of the prior application.	itle 35, United States Code, s12 f each of the claims of this appl by the first paragraph of Title 3 defined in Title 37, Code of Fed	cation is not disclos 5, United States Co leral Regulations, sl	es application(s) listed below ted in the prior United States de, s112, I acknowledge the duty 156(a) which occurred between	
(Application Serial No.): 09/710, (Application Serial No.): (Application Serial No.): (Application Serial No.): (Application Serial No.):	(Filing Date): (Status): (Filing Date): (Status):			
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)				
Name:Donald R. Boys	Reg. No. 35,074			

SEND CORRESPONDENCE TO: Donald R. Boys P.O. Box 187 Aromas, CA 95004

DIRECT TELEPHONE CALLS TO: Donald R. Boys (831) 726-1457 I hereby declare that all prents made herein of my own knowledge are true and information and belief a leved to be true; and further that these statements were with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: <u>Stefaan Valere Albert Coussement</u>	
1st inventor's signature:	Dated:
Residence: Marksesteenweg 70, 8500 KORTRIJK, Belgium Citizenship: Belgium	Dateu.
Post Office Address: Same	
Full name of 2nd joint inventor, if any:	
2nd inventor's signature:	Dated:
Residence: Citizenship:	
Post Office Address:	
T. II	
Full name of 3rd joint inventor, if any:	
2nd inventoria aignotura:	Datad
3rd inventor's signature:	Dated:
Post Office Address:	
' Office Address.	
Full name of 4th joint inventor, if any:	
a way i	
4th inventor's signature:	Dated:
Residence: Citizenship:	_
Post Office Address:	
Full name of 5th joint inventor, if any:	
5th inventor's signature:	Dated:
Residence: Citizenship:	
Post Office Address:	
Full name of 6th joint inventor. if any:	
6th inventor's signature:	Dated:
Residence: Citizenship:	
Post Office Address:	
Full name of 7th joint inventor, if any:	
7th inventor's signature:	Dated:
Residence: Citizenship:	
Post Office Address:	
Full name of 8th joint inventor, if any:	
•	
8th inventor's signature:	Dated:
Residence: Citizenship:	
Past Office Address:	

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